

TO FILE A COMPLAINT AGAINST AN INSURANCE COMPANY:

To file a complaint with Insurance Commissioner Mike Kreidler, simply complete the form on the following pages and return it by mail. Here are tips to make sure Commissioner Kreidler's investigators have the information they need to handle your case:

1. **PRINT** all names, addresses and phone numbers.
2. Make sure to **LIST NAME AND ADDRESS** of the person insured if it is different from the individual completing the form.
3. **CHECK THE TYPE OF POLICY** involved, and include the **POLICY NUMBER** when available.
4. Don't forget to include the **NAME OF THE INSURANCE COMPANY**. For complaints involving group insurance please provide the name of the employer. When relevant please provide the agent's name.
5. On the second page of the complaint form please describe what action the **COMPANY** should take to solve your problem.
6. When evaluating your problem and compiling the information that will support your position, please keep in mind that the insurance contract should be administered according to the facts, the contract language and the law.
7. For more information or any questions concerning consumer complaints, please call Commissioner Kreidler's toll-free hot-line at **1-800-562-6900**.

REQUEST FOR CONSUMER ASSISTANCE

LIFE & HEALTH

OFFICE OF INSURANCE
COMMISSIONER MIKE KREIDLER
WASHINGTON STATE
www.insurance.wa.gov
P.O. Box 40256
Olympia, Washington 98504-0256
(360) 725-7080 or 1-800-562-6900
(360) 586-2018 FAX

Thank you for contacting the Office of the Insurance Commissioner. Please provide the information requested below and allow sufficient time for us to complete our inquiry. We will do our best to advocate on your behalf where appropriate. We do, however, encourage you to continue to protect your interests and pursue other avenues of resolution while we investigate your complaint.

NOTICE REGARDING PUBLIC DISCLOSURE

RCW 42.17.310 (1)(e) provides for public disclosure of complaints/inquiries, but also allows you to request nondisclosure of personal information (name, address, phone number) that would otherwise be publicly available. Please check one of the following:

☐ *NO, I do not want my name, address and phone number released as a part of any public request for file information*

☐ *YES, my name, address and phone number may be released as a part of any public request for file information.*

Your Name:

Phone (day): ()

Address:

City:

State:

Zip Code:

Name and address of insured party; if different from above:

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE: ()

Type of Policy: Group

☐

Individual

☐

Policy No.:

Description of policy (check one):

Life	<input type="checkbox"/>
Annuity	<input type="checkbox"/>
Health	<input type="checkbox"/>

Medicare Supplement	<input type="checkbox"/>
Long-Term Care	<input type="checkbox"/>
Credit Life/Disability	<input type="checkbox"/>

Dental	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Other:	<input type="checkbox"/>

The exact and full name of the insurance company involved:

Agent's Name:

Phone:

Address:

Employer Name:

What action should be taken to resolve your complaint?

Give a brief description of the problem. Please enclose any documents or correspondence that you think will support your complaint.

Your Signature:

RELEASE OF MEDICAL INFORMATION:

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, insitution or person, that has any record or knowledge of me or my family, to give copies thereof or any information available therefrom to the Washington State Office of the Insurance Commissioner. A photographic copy of this authorization shall be as valid as the original.

Signature of Insured/Guardian:

Date:

STATE OF WASHINGTON



OFFICE OF INSURANCE COMMISSIONER

INFORMATION ON COMPLAINT PROCESSING AND HANDLING

The Washington State Office of the Insurance Commissioner is here to assist you with your insurance inquiry or complaint. We can help you obtain the benefits you are entitled to under your insurance contract and/or the laws and regulations of Washington State.

What we can do while processing your complaint or inquiry:

1. Present your complaint to the insurance company;
2. Obtain information or explanations on your behalf from the insurance company or its representatives. This may involve written and verbal contact with the companies or persons;
3. Review in detail the information obtained from the company for compliance with applicable statutes, regulations, and policy contracts;
4. Serve as an advocate for you to resolve your insurance concerns;
5. Explain the provisions of your insurance policy;
6. Suggest actions or procedures you may take that could aid in resolving your insurance problem; and

Although we are not your legal representative for purposes of litigation, or able to resolve questions of fact or the amount of damages, we are here to help you in dealing with your insurance matters. We welcome your inquiries in the areas of insurance we regulate. These areas include auto, homeowners, property, life, health, disability and liability.

(OVER)

Filing your Complaint

- Complete the complaint form and return it in the enclosed envelope.
- Include copies of any documentation that supports your complaint.
- Be specific, list each issue to be considered.

How long will the investigation take?

On average, it takes 30 days from the time we receive a complaint until we finalize a file. If your complaint involves a unique or complex problem, it may take longer.

What results can I expect?

- If the Compliance Officer is not satisfied with the company response, he or she will continue to work on your file. This may involve additional letters and phone calls to the company.
- We will pursue every reasonable avenue available to us to assure a positive outcome for you.
- If we see no evidence of violations of law or rule, we will contact you explaining why we are closing the investigation.
- Your complaint will become a permanent part of the company record with this office.

Thank you for contacting the Office of Insurance Commissioner Mike Kreidler